

SCREENING FOR COMMUNITIES TO RECEIVE EARLY AND
EQUITABLE NEEDED SERVICES FOR CANCER ACT OF
2024

MAY 24, 2024.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and
Commerce, submitted the following

R E P O R T

[To accompany H.R. 3916]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3916) to amend the Public Health Service Act to re-authorize and improve the National Breast and Cervical Cancer Early Detection Program for fiscal years 2024 through 2028, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Screening for Communities to Receive Early and Equitable Needed Services for Cancer Act of 2024” or the “SCREENS for Cancer Act of 2024”.

SEC. 2. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

(a) PROGRAM OF GRANTS TO STATES.—Section 1501 of the Public Health Service Act (42 U.S.C. 300k) is amended—

(1) in subsection (a)—

(A) in paragraph (2), by striking “the provision of appropriate follow-up services and support services such as case management” and inserting “that appropriate follow-up services are provided”;

(B) in paragraph (3), by striking “programs for the detection and control” and inserting “for the prevention, detection, and control”;

(C) in paragraph (4), by striking “the detection and control” and inserting “the prevention, detection, and control”;

(D) in paragraph (5)—

(i) by striking “monitor” and inserting “ensure”; and

(ii) by striking “; and” and inserting a semicolon;

(E) by redesignating paragraph (6) as paragraph (9);

(F) by inserting after paragraph (5), the following:

“(6) to enhance appropriate support activities to increase breast and cervical cancer screening, such as—

“(A) patient navigation;

“(B) implementation of evidence-based or evidence-informed strategies proven to increase breast and cervical cancer screening in health care settings; and

“(C) facilitating access to health care settings that provide breast and cervical cancer screenings;

“(7) to reduce disparities in incidents of and deaths due to breast and cervical cancer in populations with higher than average rates;

“(8) to improve access to breast and cervical cancer screening and diagnostic services and reduce related barriers, including factors that relate to negative health outcomes; and”; and

(G) in paragraph (9), as so redesignated, by striking “through (5)” and inserting “through (8)”; and

(2) by striking subsection (d).

(b) REQUIREMENTS WITH RESPECT TO TYPE AND QUALITY OF SERVICES.—Section 1503 of the Public Health Service Act (42 U.S.C. 300m) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking “that, initially” and all that follows through the semicolon and inserting “that appropriate breast and cervical cancer screening and diagnostic services are provided based on national recommendations; and”;

(B) by striking paragraphs (2) and (4);

(C) by redesignating paragraph (3) as paragraph (2); and

(D) in paragraph (2), as so redesignated, by striking “; and” and inserting a period; and

(2) by striking subsection (d).

(c) REPORTS TO CONGRESS.—Section 1508(b) of the Public Health Service Act (42 U.S.C. 300n–4(b)) is amended—

(1) in the heading, by striking “REPORT” and inserting “REPORTS”;

(2) by striking “1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter,” and inserting “2 years after the date of enactment of the SCREENS for Cancer Act of 2024, and every 5 years thereafter,”;

(3) by striking “Labor and Human Resources” and inserting “Health, Education, Labor, and Pensions”; and

(4) by striking “preceding fiscal year” and inserting “preceding 2 fiscal years in the case of the first report after the date of enactment of the SCREENS for Cancer Act of 2024, and preceding 5 fiscal years for each report thereafter,”.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 1510(a) of the Public Health Service Act (42 U.S.C. 300n–5(a)) is amended—

(1) by striking “and” after “2011,”; and

(2) by inserting “, and \$275,000,000 for each of fiscal years 2025 through 2029” before the period at the end.

PURPOSE AND SUMMARY

H.R. 3916 reauthorizes the National Breast and Cervical Cancer Early Detection Program and makes certain modifications and updates to the program and reporting requirements. The legislation reauthorizes the program for five fiscal years, from fiscal year 2025 through 2029.

BACKGROUND AND NEED FOR LEGISLATION

This legislation reauthorizes the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) that provides access to breast cancer screening and diagnostic services for low-income, uninsured, or underinsured people in all 50 states, the District of Columbia, two U.S. territories, five U.S.-affiliated Pacific Islands and 13 tribes or tribal organizations. The legislation updates the program to improve the ability for women to access breast and cervical cancer screening services. The NBCCEDP also provides public education, outreach, patient navigation, and care coordination services to increase breast and cervical cancer screening rates and reach underserved populations. For women aged 50 to 74 years old, breast cancer screening every 2 years reduces breast cancer deaths by 26 percent, or 7 deaths averted for every 1,000 women screened.¹ When diagnosed at the earliest stage, almost 98 percent of women diagnosed with breast cancer live for 5 years or more, compared to about 31 percent of those diagnosed at the most advanced stage.²

COMMITTEE ACTION

On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 3916. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:

- Andy Shih, PhD, Chief Science Officer, Autism Speaks;
- Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
- Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
- Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;
- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

On March 12, 2024, the Subcommittee on Health met in open markup session and forwarded H.R. 3916, as amended, to the full Committee by a record vote of 24 yeas and 0 nays.

¹ Centers for Disease Control and Prevention, “Health and Economic Benefits of Breast Cancer Interventions”, *National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)*, 2022. <https://www.cdc.gov/chronicdisease/programs-impact/pop/breast-cancer.htm>.

²*Id.*

On March 20, 2024, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3916, as amended, favorably reported to the House by a record vote of 46 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

**COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 20**

BILL: H.R. 3916, "Screening for Communities to Receive Early and Equitable Needed Services for Cancer Act of 2024" or the "SCREENS for Cancer Act of 2024"

AMENDMENT: A motion by Chair Rodgers to order H.R. 3916 favorably reported to the House, as amended (Final Passage)

DISPOSITION: AGREED TO, by a roll call vote of 46 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess	X			Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette	X		
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis	X			Rep. Castor	X		
Rep. Bucshon	X			Rep. Sarbanes	X		
Rep. Hudson	X			Rep. Tonko			
Rep. Walberg	X			Rep. Clarke	X		
Rep. Carter	X			Rep. Cárdenas	X		
Rep. Duncan	X			Rep. Ruiz	X		
Rep. Palmer	X			Rep. Peters	X		
Rep. Dunn	X			Rep. Dingell	X		
Rep. Curtis				Rep. Veasey	X		
Rep. Lesko	X			Rep. Kuster	X		
Rep. Pence	X			Rep. Kelly	X		
Rep. Crenshaw	X			Rep. Barragán	X		
Rep. Joyce	X			Rep. Blunt Rochester			
Rep. Armstrong				Rep. Soto	X		
Rep. Weber	X			Rep. Craig	X		
Rep. Allen	X			Rep. Schrier	X		
Rep. Balderson	X			Rep. Trahan	X		
Rep. Fulcher	X			Rep. Fletcher	X		
Rep. Pfluger	X						
Rep. Harshbarger	X						
Rep. Miller-Meeks							
Rep. Cammack	X						
Rep. Obernolte	X						

03/20/2024

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY,
AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 3916 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to improve the ability for communities to detect breast cancer and cervical cancer at early stages.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3916 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 3916:

- On February 14, 2024, the Subcommittee on Health held a hearing on H.R. 3916. The title of the hearing was “Legislative Proposals to Support Patients and Caregivers.” The Subcommittee received testimony from:
 - Andy Shih, PhD, Chief Science Officer, Autism Speaks;
 - Corey Feist, JD, MBA, Co-Founder and CEO, Dr. Lorna Breen Heroes’ Foundation;
 - Joanne Pike, DrPH, President and CEO, Alzheimer’s Association;
 - Gordon Tomaselli, MD, Former President, American Heart Association; Marilyn and Stanley M. Katz Dean, Emeritus and Professor of Medicine, Albert Einstein College of Medicine; Adjunct Professor of Medicine, Johns Hopkins University School of Medicine;

- Michelle Whitten, President, CEO, and Co-Founder, Global Down Syndrome Foundation;
- Randy Strozyk, President, American Ambulance Association; and
- Christina Annunziata, MD, PhD, Senior Vice President of Extramural Discovery Science, American Cancer Society.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

earmark, limited tax benefits, and limited tariff benefits

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3916 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the “Screening for Communities to Receive Early and Equitable Needed Services for Cancer Act of 2024” or the “SCREENS for Cancer Act of 2024”.

Section 2. National breast and cervical cancer early detection program

Section 2 amends Title XV of the Public Health Service Act to reauthorize the National Breast and Cervical Cancer Early Detection Program through fiscal year 2029. This section also makes updates to the program to reduce disparities and support certain activities that improve cancer screening rates.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE XV—PREVENTIVE HEALTH MEASURES WITH RESPECT TO BREAST AND CERVICAL CANCERS**SEC. 1501. ESTABLISHMENT OF PROGRAM OF GRANTS TO STATES.**

(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States on the basis of an established competitive review process for the purpose of carrying out programs—

(1) to screen women for breast and cervical cancer as a preventive health measure;

(2) to provide appropriate referrals for medical treatment of women screened pursuant to paragraph (1) and to ensure, to the extent practicable, [the provision of appropriate follow-up services and support services such as case management] *that appropriate follow-up services are provided*;

(3) to develop and disseminate public information and education [programs for the detection and control] *for the prevention, detection, and control* of breast and cervical cancer;

(4) to improve the education, training, and skills of health professionals (including allied health professionals) in [the detection and control] *the prevention, detection, and control* of breast and cervical cancer;

(5) to establish mechanisms through which the States can [monitor] *ensure* the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures[; and];

(6) *to enhance appropriate support activities to increase breast and cervical cancer screening, such as—*

(A) patient navigation;

(B) implementation of evidence-based or evidence-informed strategies proven to increase breast and cervical cancer screening in health care settings; and

(C) facilitating access to health care settings that provide breast and cervical cancer screenings;

(7) *to reduce disparities in incidents of and deaths due to breast and cervical cancer in populations with higher than average rates;*

(8) *to improve access to breast and cervical cancer screening and diagnostic services and reduce related barriers, including factors that relate to negative health outcomes; and*

[(6)] (9) to evaluate activities conducted under paragraphs (1) [through (5)] *through (8) through appropriate surveillance or program-monitoring activities.*

(b) GRANT AND CONTRACT AUTHORITY OF STATES.—

(1) IN GENERAL.—A State receiving a grant under subsection (a) may, subject to paragraphs (2) and (3), expend the grant to carry out the purpose described in such subsection through grants to public and nonprofit private entities and through contracts with public and private entities.

(2) CERTAIN APPLICATIONS.—If a nonprofit private entity and a private entity that is not a nonprofit entity both submit applications to a State to receive an award of a grant or contract pursuant to paragraph (1), the State may give priority to the application submitted by the nonprofit private entity in any case in which the State determines that the quality of such application is equivalent to the quality of the application submitted by the other private entity.

(3) PAYMENTS FOR SCREENINGS.—The amount paid by a State to an entity under this subsection for a screening procedure under subsection (a)(1) may not exceed the amount that would be paid under part B of title XVIII of the Social Security Act if payment were made under such part for furnishing the procedure to a woman enrolled under such part.

(c) SPECIAL CONSIDERATION FOR CERTAIN STATES.—In making grants under subsection (a) to States whose initial grants under such subsection are made for fiscal year 1995 or any subsequent fiscal year, the Secretary shall give special consideration to any State whose proposal for carrying out programs under such subsection—

(1) has been approved through a process of peer review; and
(2) is made with respect to geographic areas in which there is—

(A) a substantial rate of mortality from breast or cervical cancer; or

(B) a substantial incidence of either of such cancers.

[(d) COORDINATING COMMITTEE REGARDING YEAR 2020 HEALTH OBJECTIVES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee to coordinate the activities of the agencies of the Public Health Service (and other appropriate Federal agencies) that are carried out toward achieving the objectives established by the Secretary for reductions in the rate of mortality from breast and cervical cancer in the United States by the year 2020. Such committee shall be comprised of Federal officers or employees designated by the heads of the agencies involved to serve on the committee as representatives of the agencies, and such representatives from other public or private entities as the Secretary determines to be appropriate.]

* * * * *

SEC. 1503. REQUIREMENTS WITH RESPECT TO TYPE AND QUALITY OF SERVICES.

(a) REQUIREMENT OF PROVISION OF ALL SERVICES BY DATE CERTAIN.—The Secretary may not make a grant under section 1501 unless the State involved agrees—

(1) to ensure [that, initially and throughout the period during which amounts are received pursuant to the grant, not less than 60 percent of the grant is expended to provide each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers;] *that appropriate breast and cervical cancer screening and diagnostic services are provided based on national recommendations; and*

[(2) subject to subsection (b), to ensure that—

[(A) in the case of breast cancer, both a physical examination of the breasts and the screening procedure known as a mammography are conducted; and

[(B) in the case of cervical cancer, both a pelvic examination and the screening procedure known as a pap smear are conducted;]

[(3)] (2) to ensure that, by the end of any second fiscal year of payments pursuant to the grant, each of the services or activities described in section 1501(a) is provided[; and].

[(4) to ensure that not more than 40 percent of the grant is expended to provide the services or activities described in paragraphs (3) through (6) of such section.]

(b) **USE OF IMPROVED SCREENING PROCEDURES.**—The Secretary may not make a grant under section 1501 unless the State involved agrees that, if any screening procedure superior to a procedure described in subsection (a)(2) becomes commonly available and is recommended for use, any entity providing screening procedures pursuant to the grant will utilize the superior procedure rather than the procedure described in such subsection.

(c) **QUALITY ASSURANCE REGARDING SCREENING PROCEDURES.**—The Secretary may not make a grant under section 1501 unless the State involved agrees that the State will, in accordance with applicable law, assure the quality of screening procedures conducted pursuant to such section.

[(d) **WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.**—

[(1) **IN GENERAL.**—The Secretary shall establish a demonstration project under which the Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) for not more than 5 States, if—

[(A) the State involved will use the waiver to leverage non-Federal funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a);

[(B) the application of such requirement would result in a barrier to the enrollment of qualifying women;

[(C) the State involved—

[(i) demonstrates, to the satisfaction of the Secretary, the manner in which the State will use such waiver to expand the level of screening and follow-up services provided immediately prior to the date on which the waiver is granted; and

[(ii) provides assurances, satisfactory to the Secretary, that the State will, on an annual basis, demonstrate, through such documentation as the Secretary may require, that the State has used such waiver as described in clause (i);

[(D) the State involved submits to the Secretary—

[(i) assurances, satisfactory to the Secretary, that the State will maintain the average annual level of State fiscal year expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the period for which the waiver is granted, and for the period for which any extension of such waiver is granted, at a level that is not less than—

[(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

[(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted; and

[(ii) a plan, satisfactory to the Secretary, for maintaining the level of activities carried out under the waiver after the expiration of the waiver and any extension of such waiver;

[(E) the Secretary finds that granting such a waiver to a State will increase the number of women in the State that receive each of the services or activities described in paragraphs (1) and (2) of section 1501(a), including making available screening procedures for both breast and cervical cancers; and

[(F) the Secretary finds that granting such a waiver to a State will not adversely affect the quality of each of the services or activities described in paragraphs (1) and (2) of section 1501(a).

[(2) DURATION OF WAIVER.—

[(A) IN GENERAL.—In granting waivers under paragraph (1), the Secretary—

[(i) shall grant such waivers for a period that is not less than 1 year but not more than 2 years; and

[(ii) upon request of a State, may extend a waiver for an additional period that is not less than 1 year but not more than 2 years in accordance with subparagraph (B).

[(B) ADDITIONAL PERIOD.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of the waiver period described in subparagraph (A)(i), review performance under the waiver and may extend the waiver for an additional period if the Secretary determines that—

[(i) without an extension of the waiver, there will be a barrier to the enrollment of qualifying women;

[(ii) the State requesting such extended waiver will use the waiver to leverage non-Federal funds to supplement the services or activities described in paragraphs (1) and (2) of section 1501(a);

[(iii) the waiver has increased, and will continue to increase, the number of women in the State that receive the services or activities described in paragraphs (1) and (2) of section 1501(a);

[(iv) the waiver has not, and will not, result in lower quality in the State of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

[(v) the State has maintained the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section

1501(a) for the period for which the waiver was granted at a level that is not less than—

[(I) the level of the State fiscal year expenditures for such services and activities for the fiscal year preceding the first fiscal year for which the waiver is granted; or

[(II) at the option of the State and upon approval by the Secretary, the average level of the State expenditures for such services and activities for the 3-fiscal year period preceding the first fiscal year for which the waiver is granted.

[(3) REPORTING REQUIREMENTS.—The Secretary shall include as part of the evaluations and reports required under section 1508, the following:

[(A) A description of the total amount of dollars leveraged annually from Non-Federal entities in States receiving a waiver under paragraph (1) and how these amounts were used.

[(B) With respect to States receiving a waiver under paragraph (1), a description of the percentage of the grant that is expended on providing each of the services or activities described in—

[(i) paragraphs (1) and (2) of section 1501(a); and

[(ii) paragraphs (3) through (6) of section 1501(a).

[(C) A description of the number of States receiving waivers under paragraph (1) annually.

[(D) With respect to States receiving a waiver under paragraph (1), a description of—

[(i) the number of women receiving services under paragraphs (1), (2), and (3) of section 1501(a) in programs before and after the granting of such waiver; and

[(ii) the average annual level of State fiscal expenditures for the services and activities described in paragraphs (1) and (2) of section 1501(a) for the year preceding the first year for which the waiver was granted.

[(4) LIMITATION.—Amounts to which a waiver applies under this subsection shall not be used to increase the number of salaried employees.

[(5) DEFINITIONS.—In this subsection:

[(A) INDIAN TRIBE.—The term “Indian tribe” has the meaning given the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

[(B) TRIBAL ORGANIZATION.—The term “tribal organization” has the meaning given the term in section 4 of the Indian Health Care Improvement Act.

[(C) STATE.—The term “State” means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, an Indian tribe, and a tribal organization.

[(6) SUNSET.—The Secretary may not grant a waiver or extension under this subsection after September 30, 2012.]

* * * * *

SEC. 1508. EVALUATIONS AND REPORTS.

(a) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for annual evaluations of programs carried out pursuant to section 1501. Such evaluations shall include evaluations of—

(1) the extent to which States carrying out such programs are in compliance with section 1501(a)(2) and with section 1504(c); and

(2) the extent to which each State receiving a grant under this title is in compliance with section 1502, including identification of—

(A) the amount of the non-Federal contributions by the State for the preceding fiscal year, disaggregated according to the source of the contributions; and

(B) the proportion of such amount of non-Federal contributions relative to the amount of Federal funds provided through the grant to the State for the preceding fiscal year.

(b) [REPORT] *REPORTS TO CONGRESS*.—The Secretary shall, not later than [1 year after the date of the enactment of the National Breast and Cervical Cancer Early Detection Program Reauthorization of 2007, and annually thereafter,] *2 years after the date of enactment of the SCREENS for Cancer Act of 2024, and every 5 years thereafter*, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on [Labor and Human Resources] *Health, Education, Labor, and Pensions* of the Senate, a report summarizing evaluations carried out pursuant to subsection (a) during the [preceding fiscal year] *preceding 2 fiscal years in the case of the first report after the date of enactment of the SCREENS for Cancer Act of 2024, and preceding 5 fiscal years for each report thereafter*, and making such recommendations for administrative and legislative initiatives with respect to this title as the Secretary determines to be appropriate, including recommendations regarding compliance by the States with section 1501(a)(2) and with section 1504(c).

* * * * *

SEC. 1510. FUNDING FOR GENERAL PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this title, there are authorized to be appropriated \$50,000,000 for fiscal year 1991, such sums as may be necessary for each of the fiscal years 1992 and 1993, \$150,000,000 for fiscal year 1994, such sums as may be necessary for each of the fiscal years 1995 through 2003, \$225,000,000 for fiscal year 2008, \$245,000,000 for fiscal year 2009, \$250,000,000 for fiscal year 2010, \$255,000,000 for fiscal year 2011, [and] \$275,000,000 for fiscal year 2012, *and \$275,000,000 for each of fiscal years 2025 through 2029*.

(b) SET-ASIDE FOR TECHNICAL ASSISTANCE AND PROVISION OF SUPPLIES AND SERVICES.—Of the amounts appropriated under sub-

section (a) for a fiscal year, the Secretary shall reserve not more than 20 percent for carrying out section 1507.

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